



Plan Design Changes

For Unrepresented (Classified, Unclassified, Non-Classified, HR Confidential) Employees and Statutorily Authorized Groups (SAGs)

	Benefit		Current Coverage			Coverage Effective January 1, 2014	
Life Insurance	Plan 1 Life Insurance		\$20,000 for full time Unrepresented (unclassified, non-classified, classified and HR Confidential) employees,			\$25,000 for Unrepresented (unclassified, non-classified, classified and HR Confidential) employees,	
Dental Coverage	Benefit		Current Coverage			Coverage Effective January 1, 2014	
	Calendar Year Maximum (Coverages A, B, and C combined)		\$1,200			\$1,500	
	Fluoride Treatment		Once in a calendar year to age 18			Twice in a calendar year to age 19	
	Sealant application to carries-free permanent molar		Once in a lifetime per tooth, for children to age 15			Once in a three year period per tooth for children to age 20	
	Implant Services		Not Covered			Covered at 50% under Major Coverage after a \$25 Deductible	
	Preventive Cleanings		Twice in a Calendar Year			Three times in a Calendar Year	
	Employee Contribution		\$0 per pay period			\$1 Employee Only \$2 Employee + 1 \$3 Family (3 or more) Per pay period	
Health Coverage	Benefit	Current Coverage HMO	Coverage Effective January 1, 2014 HMO Plan	Current Coverage POS In-Network	Coverage Effective January 1, 2014 POS Plan In-Network	Current Coverage POS Out-of-Network	Coverage Effective January 1, 2014 POS Plan Out-of-Network
	\$200 Health Reimbursement Account (HRA) from Health Assessment Tool (HAT) Completion	- Excludes eye exams and eyewear (glasses and contact lenses) for reimbursement - If an employee married to another State employee takes the HAT as the SPOUSE on the policy, the SPOUSE DOES NOT receive any incentive.	- Includes eye exams and eyewear (glasses and contact lenses) for reimbursement - If a spouse or adult child , who is independently eligible to enroll in the State’s plan, but is enrolled as a dependent takes the HAT, the SPOUSE or ADULT CHILD DOES NOT receive any HAT incentive, but is a eligible for the Health Reward Health Program Incentive Program as noted below.	Same as HMO	Same as HMO	Same as HMO	Same as HMO
	NEW \$300 Health Rewards Health Promotion Incentive Program	N/A	- If employee subscriber takes the HAT they will become eligible for up to \$300 in \$100 increments for completing 3 out of 6 health promotion incentive activities. The points will then be converted into dollars and deposited into the Health Reimbursement Arrangement (HRA) Account at \$100 increments to be used for in-network copayments and deductibles (HMO & POS plans) and out-of-network deductibles and coinsurance (POS Plan ONLY) - If a spouse or adult child , who is independently eligible to enroll in the State’s plan, but is enrolled as a dependent takes the HAT, the SPOUSE OR ADULT ALSO RECEIVES the opportunity to qualify and collect up to 300 Points/\$300 in 100 point/\$100 increments for deposit into the HRA account.	Same as HMO	Same as HMO	Same as HMO	Same as HMO

Please note: Employee health benefits for active represented employees are governed by their respective collective bargaining agreements. These agreements are subject to change. In the event of any conflict between this publication and the collective bargaining agreement, the collective bargaining agreement shall prevail. This document is intended to provide general information and is based on the collective bargaining agreement in effect as of January 1, 2014.

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Health Coverage Continued	Benefit	Current Coverage HMO	Coverage Effective January 1, 2014 HMO Plan	Current Coverage POS In-Network	Coverage Effective January 1, 2014 POS Plan In-Network	Current Coverage POS Out-of-Network	Coverage Effective January 1, 2014 POS Plan Out-of-Network	
	Routine Eye Exams	Adults 19 years of age or older 1 routine eye exam every 2 Calendar Years	Adults 19 years of age or older 1 routine eye exam every Calendar Year	Same as HMO	Same as HMO	Same as HMO	Same as HMO	
	Hearing Aids	Adults 19 years of age or older-No Coverage for Hearing Aids	Adults 19 years of age or older \$1500 per ear every 60 Months (5 years)	Same as HMO	Same as HMO	Same as HMO	Same as HMO	
	Walk-In Co-pay	N/A	\$30.00	Same as HMO	Same as HMO	N/A	Same as HMO	
	Chiropractic Care	20 Visits per Calendar Year	24 Visits per Calendar Year	Same as HMO	Same as HMO	Same as HMO	Same as HMO	
	In-Network Deductible	\$0	\$500 deductible narrowly applied to inpatient stays, outpatient hospital or ambulatory surgery center surgeries, labs, and X-rays if procedures are not provided at a Site-of-Service Facility	Same as HMO	Same as HMO			
	Out-of-Network Deductible						\$150 Individual per calendar year	\$1000 Individual per calendar year
							\$450 Family per calendar year	\$2000 Family per calendar year
	In-Network Out-of-Pocket Maximum	\$500 Individual per calendar year	\$1000 Individual per calendar year	Same as HMO	Same as HMO			
		\$1000 Family per calendar year	\$1750 Family per calendar year (\$2000 in 2015)	Same as HMO	Same as HMO			
Out-of-Network Out-of-Pocket Maximum						\$1500 Individual per calendar year	\$3000 Individual per calendar year	
						\$3000 Family per calendar year	\$6000 Family per calendar year	
Out-of-Network Coinsurance						20% Coinsurance-Individual \$1350 per calendar year	20% Coinsurance-Individual \$2000 per calendar year	
						20% Coinsurance-Family \$2550 per calendar year	20% Coinsurance-Family \$4000 per calendar year	

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